MARYLAND DEPARTMENT OF NATURAL RESOURCES

APPLICATION for UNIVERSAL DISABILITY PASS

NAME _____
First Name Full Middle Name Last Name

DNRid# _____ Date: _____

_____
Signature

Include one of the following:

1. Copy of your Veterans Affairs disability determination letter
2. Copy of your disability placard issued by MD Motor Vehicles
3. Certification (below) by a licensed health care professional

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CERTIFICATION of DISABILITY

I hereby certify that applicant suffers from the impairment(s) detailed below that substantially limits one or more major life activities.

_____

_____

Condition is ☐ permanent ☐ temporary -- anticipated to last until _____

_____ _____
Printed name *Signature – licensed health care provider*

Specialty: ☐ physician ☐ chiropractor ☐ optometrist ☐ podiatrist ☐ nurse practitioner

Address: _____

_____

Telephone: _____ Email: _____

Medical license # _____ Issuing State _____ Exp date _____

OFFICE USE ONLY

Approval date: _____ By: _____

Rev 8/16